

INTERNET  
FORM NLRB-502  
(2-08)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ **RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
- ☒ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☐ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. \_\_\_\_\_
- ☐ **AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_ Attach statement describing the specific amendment sought.

2. Name of Employer Alta Vista Regional Hospital		Employer Representative to contact Richard Grogan, Chief Executive Officer	Tel. No. (505) 426-3500
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 104 Legion Drive, Las Vegas, New Mexico 87701			Fax No. (505) 454-9502
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Institution	4b. Identify principal product or service Health Care		Cell No.
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included</b> All registered nurses, as defined in Section 103.30(a)(1) of the Rules and Regulations of the National Labor Relations Board  <b>Excluded</b> All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act		6a. Number of Employees in Unit: Present 63 Proposed (By UC/AC)	
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		6b. Is this petition supported by 30% or more of the employees in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC	

7a. <input checked="" type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) <u>April 10, 2007 (Case No. 28-RC-6518)</u> and Employer declined recognition on or about (Date) <u>April 24, 2007</u> (If no reply received, so state).		7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) None.		Affiliation	
Address		Tel. No.	Date of Recognition or Certification
		Cell No.	Fax No.
		e-Mail	
9. Expiration Date of Current Contract. If any (Month, Day, Year)		10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____			
12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)			
Name	Address	Tel. No.	Fax No.
N.U.H.C.E., District 1199NM	130 Alvarado Drive, N.E., Suite 100, Albuquerque, New Mexico 87108	(505) 884-7713	(505) 884-7667
		Cell No.	e-Mail
13. Full name of party filing petition (If labor organization, give full name, including local name and number) Richard Grogan, Chief Executive Officer			
14a. Address (street and number, city, state, and ZIP code) 104 Legion Drive, Las Vegas, New Mexico 87701		14b. Tel. No. EXT (505) 426-3500	14c. Fax No. (505) 454-9502
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15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)			
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Richard Grogan	Signature		Title (if any) Chief Executive Officer
Address (street and number, city, state, and ZIP code) 104 Legion Drive, Las Vegas, New Mexico 87701		Tel. No. (505) 426-3500	Fax No. (505) 454-9502
		Cell No.	e-Mail Richard_Grogan@chs.net

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PRIVACY ACT STATEMENT

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			e-Mail
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included</b> All professionals except for registered nurses and physicians, as defined in Section 103.30(a)(3) of the Rules and Regulations of the National Labor Relations Board <b>Excluded</b> All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act			6a. Number of Employees in Unit: Present 6 Proposed (By UC/AC)
			6b. Is this petition supported by 30% or more of the employees in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. <input checked="" type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) April 10, 2007 (Case No. 28-RC-6518) and Employer declined recognition on or about (Date) April 24, 2007 (If no reply received, so state).	
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
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Affiliation	
Address	
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9. Expiration Date of Current Contract, If any (Month, Day, Year)	
10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)	
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15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

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Name (Print) Richard Grogan	Signature	Title (if any) Chief Executive Officer
Address (street and number, city, state, and ZIP code) 104 Legion Drive, Las Vegas, New Mexico 87701	Tel. No. (505) 426-3500	Fax No. (505) 454-9502
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Health Care Institution</b>	4b. Identify principal product or service <b>Health Care</b>		Cell No.
			e-Mail
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included</b> All technical employees, as defined in Section 103.30(a)(4) of the Rules and Regulations of the National Labor Relations Board  <b>Excluded</b> All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act			6a. Number of Employees in Unit: <b>Present</b> <b>43</b> <b>Proposed (By UC/AC)</b>
			6b. Is this petition supported by 30% or more of the employees in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

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Name (Print) <b>Richard Grogan</b>	Signature	Title (if any) <b>Chief Executive Officer</b>
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5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included</b> All skilled maintenance employees, as defined in Section 103.30(a)(5) of the Rules and Regulations of the National Labor Relations Board <b>Excluded</b> All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act				6a. Number of Employees in Unit: Present <b>2</b> Proposed (By UC/AC)	
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5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included</b> All business office clerical employees, as defined in Section 103.30(a)(6) of the Rules and Regulations of the National Labor Relations Board <b>Excluded</b> All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act			6a. Number of Employees in Unit:  Present <b>19</b> Proposed (By UC/AC)
			6b. Is this petition supported by 30% or more of the employees in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. <input checked="" type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) <b>April 10, 2007 (Case No. 28-RC-6518)</b> and Employer declined recognition on or about (Date) <b>April 24, 2007</b> (If no reply received, so state).	
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) <b>None.</b>	
Affiliation	
Address	Tel. No.
	Date of Recognition or Certification
	Fax No.
	e-Mail
9. Expiration Date of Current Contract, if any (Month, Day, Year)	10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____	
12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)	

Name	Address	Tel. No.	Fax No.
<b>N.U.H.C.E., District 1199NM</b>	<b>130 Alvarado Drive, N.E., Suite 100, Albuquerque, New Mexico 87108</b>	<b>(505) 884-7713</b>	<b>(505) 884-7667</b>
		Cell No.	e-Mail

13. Full name of party filing petition (If labor organization, give full name, including local name and number)  
**Richard Grogan, Chief Executive Officer**

14a. Address (street and number, city, state, and ZIP code) <b>104 Legion Drive, Las Vegas, New Mexico 87701</b>	14b. Tel. No. EXT <b>(505) 426-3500</b>	14c. Fax No. <b>(505) 454-9502</b>
	14d. Cell No.	14e. e-Mail <b>Richard_Grogan@chs.net</b>

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

Name (Print) <b>Richard Grogan</b>	Signature	Title (if any) <b>Chief Executive Officer</b>
Address (street and number, city, state, and ZIP code) <b>104 Legion Drive, Las Vegas, New Mexico 87701</b>	Tel. No. <b>(505) 426-3500</b>	Fax No. <b>(505) 454-9502</b>
	Cell No.	eMail <b>Richard_Grogan@chs.net</b>

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET  
FORM NLRB-502  
(2-08)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ **RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
- ☒ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☐ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION**- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. \_\_\_\_\_
- ☐ **AC-AMENDMENT OF CERTIFICATION**- Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_ Attach statement describing the specific amendment sought.

2. Name of Employer <b>Alta Vista Regional Hospital</b>		Employer Representative to contact <b>Richard Grogan, Chief Executive Officer</b>		Tel. No. <b>(505) 426-3500</b>	
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>104 Legion Drive, Las Vegas, New Mexico 87701</b>				Fax No. <b>(505) 454-9502</b>	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Health Care Institution</b>		4b. Identify principal product or service <b>Health Care</b>		Cell No.	
				e-Mail	
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included</b> All nonprofessional employees except for technical employees, skilled maintenance employees, business office clerical employees, and guards, as defined in Section 103.30(a)(8) of the Rules and Regulations of the National Labor Relations Board <b>Excluded</b> All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act				6a. Number of Employees in Unit: Present <b>62</b> Proposed (By UC/AC)	
				6b. Is this petition supported by 30% or more of the employees in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC	
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)					
7a. <input checked="" type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) <b>April 10, 2007 (Case No. 28-RC-6518)</b> and Employer declined recognition on or about (Date) <b>April 24, 2007</b> (If no reply received, so state).					
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.					
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) <b>None.</b>				Affiliation	
Address		Tel. No.		Date of Recognition or Certification	
		Cell No.		Fax No.	
				e-Mail	
9. Expiration Date of Current Contract. If any (Month, Day, Year)			10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			11b. If so, approximately how many employees are participating?		
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____					
12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)					
Name		Address		Tel. No.	
<b>N.U.H.C.E., District 1199NM</b>		<b>130 Alvarado Drive, N.E., Suite 100, Albuquerque, New Mexico 87108</b>		<b>(505) 884-7713</b>	
				Fax No. <b>(505) 884-7667</b>	
				Cell No.	
				e-Mail	
13. Full name of party filing petition (If labor organization, give full name, including local name and number) <b>Richard Grogan, Chief Executive Officer</b>					
14a. Address (street and number, city, state, and ZIP code) <b>104 Legion Drive, Las Vegas, New Mexico 87701</b>				14b. Tel. No. EXT <b>(505) 426-3500</b>	
				14c. Fax No. <b>(505) 454-9502</b>	
				14d. Cell No.	
				14e. e-Mail <b>Richard_Grogan@chs.net</b>	
15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)					
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.					
Name (Print) <b>Richard Grogan</b>		Signature		Title (if any) <b>Chief Executive Officer</b>	
Address (street and number, city, state, and ZIP code) <b>104 Legion Drive, Las Vegas, New Mexico 87701</b>		Tel. No. <b>(505) 426-3500</b>		Fax No. <b>(505) 454-9502</b>	
		Cell No.		e-Mail <b>Richard_Grogan@chs.net</b>	

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